Interview Summary	10/666,549	SOHL ET AL.
	Examiner	Art Unit
	Tung S. Lau	2863
All participants (applicant, applicant's representative, PTO personnel):		
(1) <u>Tung S. Lau</u> .	(3) Ralph P. Albr	echt 43,466
(1) <u>Tung S. Lau</u> .  (2) <u>No.Y 21, 2005</u> (3) <u>Ra.Iph P. Albrecht 43, 466</u> (4) John Soft - Inventor		
(2) Not 21,2005  (4) JOHN SOHL -Inventor  3. Christopher Swickhaner		
Type: a)☐ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2)☐ applicant's representative]		
Exhibit shown or demonstration conducted: d) Yes  If Yes, brief description: ? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	e) No.	
Claim(a) dispussed Tt de l) a dest		
Identification of prior art discussed: Provide and the second and		
Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.		
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments:		
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW OF THE INTERVIEW OF THE SUBSTANCE	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, RVIEW. See Summary of Rev	been filed, APPLICANT IS  / DAYS FROM THIS  WHICHEVER IS LATER, TO  cord of Interview
Applicant representative and	movable sensity	reading and
Applicant representative and three directions non temporal	fo overcome	pristan
Evaminer Note: You must sign this form upless it is as	7,	Ms
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required

Application No.

Applicant(s)